





WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES



What is CQI?

CQI stands for Continuous Quality Improvement.

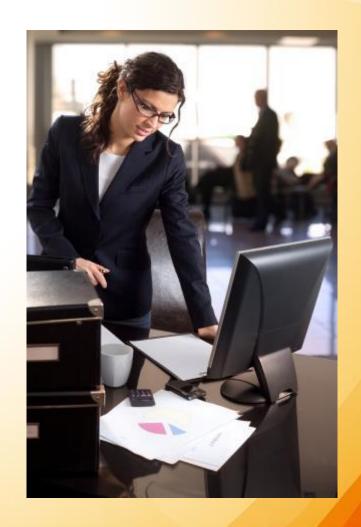
 CQI is a continuous problem-solving approach to improve processes and outcomes through the use of evidence.

How is CQI used in child welfare?

- Child welfare CQI is aimed at the core outcomes of safety, permanency, and well-being.
- Wisconsin's Child Welfare CQI system is focused on improving practice and, ultimately, outcomes through collaborative efforts with local agencies and tribes.
- Wisconsin's CQI process relies greatly on the collaboration between tribes, local agencies, and the state.

What does Wisconsin's Child Welfare CQI system look like?

- Wisconsin's Child Welfare CQI system uses qualitative and quantitative data from multiple sources.
- These data are analyzed and transformed into information about state and local practices.
- This knowledge leads to collaborative identification of improvement projects:
 - Pilot projects for testing innovations in child welfare practice aimed at improving outcomes
 - Could involve changes to state statutes, standards, processes, policy, training, and technology

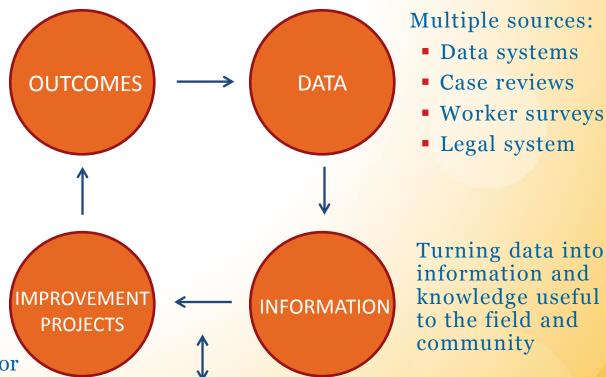




Wisconsin Child Welfare CQI: Moving Toward A Learning System

- Child and Family Safety
- Permanency
- Child Well-being

- Define, assess, and understand improvement needs
- Develop projects specific to needs
- Implement and monitor



Think, Talk, and Identify/Define Areas for Improvement

Evolution of Wisconsin's Child Welfare CQI System

- Wisconsin's Child Welfare CQI system previously relied on the Quality Service Review (QSR), which consisted of in-depth case reviews.
 - Relatively small number of cases were reviewed; results not representative
- Our Child Welfare CQI system is evolving to use multiple sources of data:
 - KidStat performance data, eWiSACWIS dashboards
 - Case record reviews, other specialized case reviews
 - Surveys and focus groups
- These data are analyzed to establish a statewide baseline for our child welfare practice.
- In 2015, we focused on revising the CQI case record review process and creating new review instruments.





Wisconsin's Child Welfare CQI System and the Federal CFSR

- Federal guidelines require all states to have a quality assurance system in place to assess the quality of services provided under the Child and Family Services Plan.
- In 2012, the Administration for Children and Families instructed states to adopt a CQI approach to their QA systems to be assessed during forthcoming rounds of the Child Family and Services Reviews (CFSR).
- The newly revised Child Welfare CQI system in Wisconsin will be reviewed during the Round 3 CFSR.



2015 Access Case Record Review

• In 2015, DCF set out to assess our state's adherence to Access and Initial Assessment Standards in CPS case practice using newly created review tools.



Goals of the review:

- Establish a statewide baseline for Wisconsin's CPS Access practice
- 2) Test the new case record review process
- 3) Long-term: understand how areas of practice are correlated to core outcomes of safety, permanence, and well-being

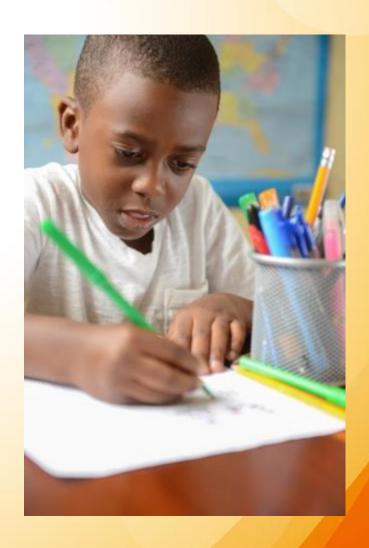
The New Case Record Review Process

- Case record reviews play a different role in the new CQI system:
 - One of multiple data sources
 - Used to provide information and establish a baseline;
 not the sole source of information to spur action
- Aimed at examining adherence to State
 Standards and the relationship to long-term outcomes



Review Instrument Components

- The instrument assesses four overarching areas of CPS Access:
 - Information gathering
 - Safety assessment
 - Screening decision and response time
 - Notifications
- Designed to assess adherence to Standards:
 - Is case practice/decision-making consistent with Standards?





Methods

- Review of a large, statewide, sample of CPS Reports
- Review of electronic case files only

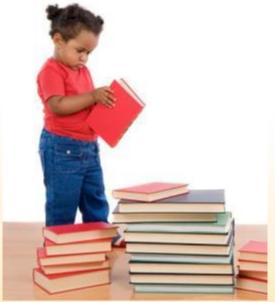


• The reviewers/review process followed established protocols and procedures.



Methods

- The case record review instrument and data collection was automated using Microsoft Access.
- Data from case record reviews was merged with administrative data and analyzed using Statistical Analysis Software (SAS).



- Quality Management Plan
 - Quality assurance and quality control in data collection and analysis



Sample

Representative sample of 271 CPS Access reports from 2014.

	Population*		Access Review Sam	
	N	%	N	%
Screening Decision				
Screened In	28,024	38.0%	109	40.2%
Screened Out	45,638	62.0%	162	59.8%
Reporter Type				
Mandated Reporter	43,769	59.4%	178	65.7%
Non-Mandated Reporter	29,893	40.6%	93	34.3%
After Hours?				
Yes	4,728	6.4%	21	7.7%
No	68,934	93.6%	250	92.3%
Screened Timely				
Screened Within 24 Hours	64,203	87.2%	236	87.1%
Not Screened Within 24 Hours	9,459	12.8%	35	12.9%

^{*}Based on preliminary 2014 data.

Limitations

- Baseline information for screening decisions may be biased to higher percentage
 - The review was not "blind"
 - Secondary review only occurred when results were found to be inconsistent with Standards
- The baseline for information gathering may be biased to a lower percentage
 - Review instrument measured individual required items per a strict interpretation of Standards

Process Results and Recommendations

1. Improvements to the Access review instrument were identified.

Modifications to the review instrument are underway for the 2016 review.

2. More time was needed to train new reviewers than initially anticipated.

The case reviewer certification process is being formalized for subsequent reviews.

Screening Decisions

Finding:

92% of screening decisions were consistent with Access and Initial Assessment Standards.

Recommendation:

Conduct additional data analyses to learn what factors influence screening decisions. Refine the case review process to eliminate potential biases.

Safety Assessment

Finding:

Safety assessments were consistent with Access and Initial Assessment Standards approximately 85% of the time.

Recommendation:

Continue to develop and support enhanced safety training for supervisors and workers.

Safety Assessment		(%)
Assessment of Present Danger		
Consistent with Standards	202	(85.2%)
Inconsistent with Standards	35	(14.8%)
Assessment of Possible or Likely Impending Danger		
Consistent with Standards	199	(84.0%)
Inconsistent with Standards	38	(16.0%)
Assessment of Both Present and Impending Danger		
Consistent with Standards	176	(74.3%)
Inconsistent with Standards	61	(25.7%)

Safety Assessment and Screening Decision

Finding:

Safety assessments consistent with Access and Initial Assessment Standards are correlated with screening decisions consistent with Standards.

Recommendation:

Continue to develop and provide enhanced safety training for supervisors /workers.

	Screening Decision				
		Consistent		Inconsistent	
Safety Assessment	N (%) N		N	(%)	
Present Danger					
Consistent with Standards	192	(95.1%)***	10	(5.0%)***	
Inconsistent with Standards	22	(62.9%)***	13	(37.1%)***	
Possible or Likely Impending Danger					
Consistent with Standards	186	(93.5%)**	13	(6.5%)**	
Inconsistent with Standards	28	(73.7%)**	10	(26.3%)**	
Both Present and Impending Danger					
Consistent with Standards	171	(97.2%)***	5	(2.8%)***	
Inconsistent with Standards	43	(70.5%)***	18	(29.5%)***	

^{**}Statistically significant at p≤0.01; ***statistically significant at p≤0.001

Screening Decision and Allegations

Finding:

The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type.

	Screening Decision				
	Consistent	with Standards	Inconsistent with Standards		
	N	(%)	N	(%)	
Allegations					
Neglect	100	(90.1%)	11	(9.9%) (15.1%)	
Physical Abuse	62	(84.9%)	11		
Sexual Abuse	41	(100.0%)	0	(0.0%)	
Multiple/Other [‡]	45	(97.8%)	1	(2.2%)	

[‡] Multiple/Other includes all reports that have multiple allegation types (N=38), allegation types of emotional abuse (N=6), or unborn child abuse (N=2)

^{**}Results are statistically significant at p ≤0.01

Information Gathering

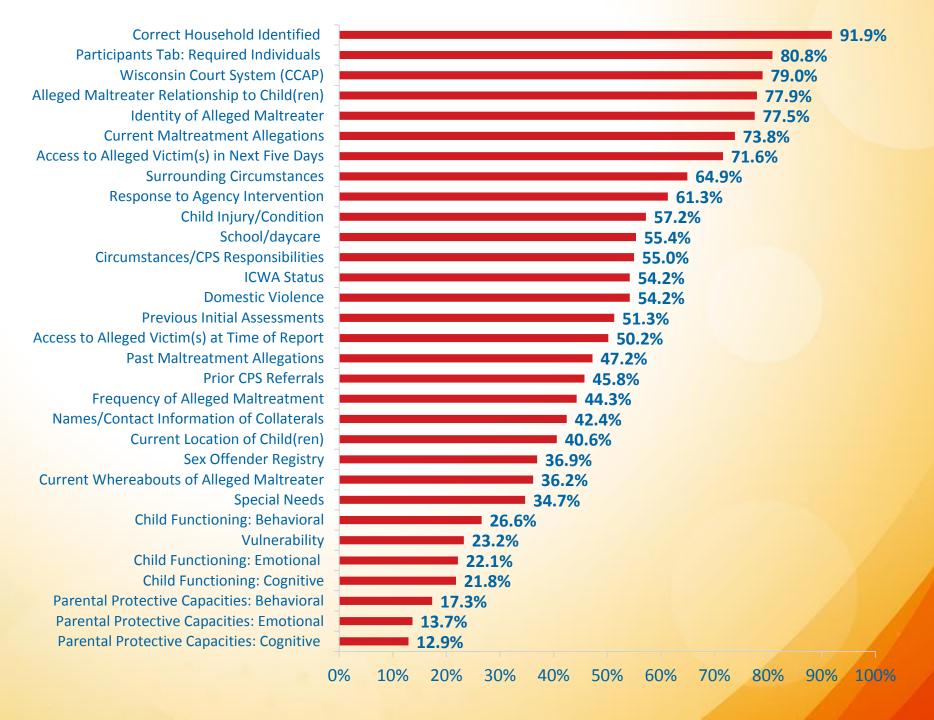
Finding:

Adherence to Access and Initial Assessment Standards in information gathering and documentation had a wide range.

Recommendation:

Collect more information and conduct additional analyses to better understand

- 1) Workers' perspective on this variation,
- 2) if variation changes based on interpretation of Standards, and
- 3) how variation relates to outcomes for children.



Information Gathering and Decision-Making

Finding:

The more information adequately documented, the higher the likelihood of producing screening decisions and safety assessments that were consistent with Standards.

Recommendation:

Provide guidance around documenting key required information and consider relevant updates to eWiSACWIS.

Information Gathering and Decision-Making

Finding:

Adequacy of information gathered varied by allegation type.

			Allegation	on Type		
	Physical Abuse:		Neglect:		Sexual Abuse:	
	Yes	No	Yes	No	Yes	No
Information Item Adequately Documented:						
Child Injury/Condition	71.4%***	49.1%***	48.3%**	67.2%**	58.5%	56.9%
Current Maltreatment	82.7%**	68.8%**	68.5%*	79.7%*	79.3%	72.5%
Domestic Violence	54.1%	54.3%	55.2%	53.1%	58.5%	53.2%
Prior CPS Involvement	30.6%	34.1%	31.5%	34.4%	35.9%	32.1%
CCAP Records Check	70.4%	65.9%	67.8%	67.2%	58.5%	69.7%
SOR Records Check	31.6%	31.8%	32.9%	30.5%	30.2%	32.1%

^{*}Statistically significant at p≤0.05; **significant at p≤0.01; ***significant at p≤0.001

Summary of Key Findings

- The majority of screening decisions (92%) were consistent with Standards.
- Safety assessments were also predominantly consistent with Standards (85%).
- The review found a wide range in adherence to Standards in information gathering and documentation (13% 92%).
- Link between information gathering and decision-making: more items adequately documented was associated with screening decisions and safety assessments consistent with Standards.

What's next?

- Reports on case record reviews for Initial Assessment and Ongoing Services will be published and available on DCF's public website.
- Together with local agencies we will identify improvement projects grounded in meaningful collection and analysis of information.
- Informed innovations will take root in our child welfare system, helping us better serve children and families.

How can I get involved?

- Learn more about the new case record reviews and how to participate through the Professional Development System (PDS) CQI portal.
- Spread the word about the evolution of our child welfare CQI system and process.
- Look for informational memoranda from DCF with updates and invitations to participate.
- Contact <u>DCFChildWelfareCQI@Wisconsin.gov</u> for more information.





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